



Official Verification Form for Tribal Enrollment

Section I – Personal Information

1. First Name _____ Middle Name _____ Last Name _____
2. Date of Birth: ____/____/____ 3. Social Security Number: ____ - ____ - ____
4. Gender: ____ Male ____ Female
5. _____ 6. (____) _____
- Mailing Address City State ZIP Phone Number

Section II – Check one of the following and submit form to your Enrollment Office

I am an enrolled member of: _____
Tribal Affiliation

I am a First Descendant of: _____
Tribal Affiliation

Descendant of: _____
Parent(s) Name

I hereby authorize the Tribal Enrollment Office to release to the College of Menominee Nation tribal enrollment certification and tribal descendant information as requested. I understand the information is confidential and will be used solely for College enrollment purposes.

Signature Date

Section III – Completed by Tribal Certifying Official

I hereby certify that the above named applicant is _____ degree Indian Blood according to available records.

Enrollment Number: _____ First Descendant: ____ Yes ____ No

Certifying Official Signature Date

RETURN FORM TO:
College of Menominee Nation
Admissions Office
P.O. Box 1179, Keshena, WI 54135
FAX 715.799.5602
EMAIL admissions@menominee.edu